

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	Robert E. D	Dunn, Jr. & Te	resa R. Rosenberger	
II. Name of lobbyist's partne	rship, firm or cor	poration, if any:		
	Devine Mill	imet & Branch	ΡΔ	
(Name of parts	nership, firm or corp		1, 1 🔨	
	15 North Ma	ain Street Suit	te 300, Concord, NH (72204
Business Address: (Street)		(Town/City)	(State)	(Zip Code)
(00) 440 4704	000 \	000 4004	, , , , , , , , , , , , , , , , , , ,	•
603) 410-1704 (Telephone) 410-1705	603)_	226-1001 (Fax)	e-mail rdunn@de	
		, ,		er@devinemillimet.com
III. This statement covers: (C reportable expense transaction	Choose one — file s	eparate reports fo	or each client, OR you may t	file a separate report for
reportable expense transaction	ons which are not	atti ibutable to al	ly one cheat).	
☐ All reportable transactions	occurring in the m	onths prior to the r	eporting date relative to the f	ollowing client:
				-
(Full N	N/A	nears on the Lobby	st Registration Form)	
OR	ame of Chem as it ap	pears on the Lobbyn	st Registration (offin)	
☐ All reportable transactions tunrelated to any particular clien		luding the lobbyis	t's family), or the lobbying fi	rm listed below which are
	25, 2018 🗹		July 25, 2018	
	late of registration to	o 3/31/18 ac	ctivity from 4/1/18 to 6/30/18	
	er 31, 2018	8 a	January 30, 2019 ctivity from 10/1/18 to 12/31/18	
V. There have been no fees If this box is checked, complete Concord, NH 03301.		•		-
VI. Check if additional repor	ts are attached:			
☐ If you have received fees o	or made expenditur	es, you must file A	ddendum A- Fees and Expe	enses
☐ If you have paid an honora Expense Reimbursement	rium or reimburse	d expenses, you mi	ust file Addendum B – Repor	t of Honorariums or
If you, your firm, or your f	amily has made po	olitical contribution	s, you must file Addendum	C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B and complete to the best of my (Signature of lobbyist)	3, RSA 14-C and R		y swear or affirm that the fore (Date)	egoing information is true
Robert E. Dunn, Jr.				RECEIVED
(Print Name of lobbyist)				
				. APR 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) _	Robert E. Dunn, Jr.	& Teresa R. Rose	nberger
I. Name of lobbyist's p	artnership, firm or corpo	ration, if any:	
	Devine, Millimet & E	Branch, PA	
•	partnership, firm or corporation)		
II. Name of Client	N/A		DateApril 25, 2018
	bution that is reportable pur ying firm, indicate the follow		664 paid on behalf of the
Full name of candidate:		(First Name)	(Middle Name/Initial)
	(Last Name)		
Amount of contribution \$	100	Office Candidate is Se	eking Senate
Full name of candidate:	Committee to Elect H (Last Name)	ouse Democrats (First Name)	(Middle Name/Initial)
Amount of contribution \$	250	_Office Candidate is Se	eking
	ontribution on the line above t		r services provided, and enter the n. If the actual cost is not known.
	The state of the s		
Full name of candidate:	Committee to Elect Se	enate Democrats	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name)	enate Democrats (First Name) Office Candidate is Se	(Middle Name/Initial)

I. Name of Lobbyist(s)	Robert E. Dunn, Jr.	& Teresa R. Rose	nberger
II. Name of lobbyist's p	artnership, firm or corpo	ration, if any:	
	Davina Millimat 9 (Pronch DA	
(Name of	Devine, Millimet & I	oranicii, FA	
III. Name of Client			Date <u>April 25, 2018</u>
	bution that is reportable purying firm, indicate the follo		664 paid on behalf of the
Full name of candidate:	Boutin, David (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$, .	Office Candidate is Se	
	contribution on the line above and the word "estimate."		r services provided, and enter the n. If the actual cost is not known, (Middle Name/Initial)
Amount of contribution \$		Office Candidate is Se	
If the contribution is an in	kind contribution, provide a dontribution on the line above	escription of the goods o	r services provided, and enter the n. If the actual cost is not known,
a deli propi			
Full name of candidate:	French, Harold (Last Name)	(First Name)	(Middle Name/Initial)

Devine, Millimet & Branch, PA (Name of partnership, firm or corporation) III. Name of Ctient N/A Date April 25, 2018 Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Giuda, Bob (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 100 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Gray, James (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Reagan, John (Riddle Name/Initial)	I. Name of Lobbyist(s)	Robert E. Dunn, J	<u>lr. & Teresa R. Ros</u>	enberger
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Name of Client N/A Date April 25, 2018 Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Giuda, Bob (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 100 Office Candidate is Seeking Senate of the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: Gray, James (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the contribution of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."		Devine Millimet &	Branch PA	
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Full name of candidate: Gray, James (Last Name) (First Name) (Middle Name/Initial) Full name of candidate: Gray, James (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the tetual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Gray, James (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$100	II. Name of Client	N/A		Date _April 25, 2018
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 100 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: Gray, James (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 100 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."	For each political contrib		-	er 664 paid on behalf of the
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(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 100 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Reagan, John	Full name of candidate:	Gray, James		
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Full name of candidate: Reagan, John (I ast Name) (First Name) (Middle Name/Initial)	actual cost of the in-kind c	ontribution on the line abov	a description of the goods e for amount of contribut	or services provided, and enter the ion. If the actual cost is not known
Amount of contribution \$ 100 Office Candidate is Seeking Senate		(Last Name)	(First Name)	(Middle Name/Initial)

I. Name of Lobbyist(s)	Robert E. Dunn, J	r. & Teresa R. Ros	senberger
II. Name of lobbyist's pa	artnership, firm or corp	oration, if any:	
	Devine, Millimet &	Branch, PA	
(Name of p	artnership, firm or corporation)		
III. Name of Client	N/A		Date April 25, 2018
			er 664 paid on behalf of the
Full name of candidate:	Lasky, Bette (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$,	Seeking Senate
enter an estimated value an	d the word "estimate." Watters, David		tion. If the actual cost is not known,
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	100	Office Candidate is	Seeking Senate
If the contribution is an in- actual cost of the in-kind co- enter an estimated value ar	ontribution on the line above	description of the goods for amount of contribu	s or services provided, and enter the tion. If the actual cost is not known,
Full name of candidate:		(First News)	(Middle Name/Initial)
	(Last Name)	(First Name)	-
Amount of contribution \$	100	Office Candidate is	Seeking Senate

I. Name of Lobbyist(s)	Robert E. Dunn, Ji	r. & Teresa R. Ros	senberger
II. Name of lobbyist's p	artnership, firm or corpo	oration, if any:	
(Name of p	Devine, Millimet & partnership, firm or corporation)	Branch, PA	
III. Name of Client	N/A	-14-4/A/MANINOA	Date April 25, 2018
-		•	er 664 paid on behalf of the
Full name of candidate:	Cavanaugh, Kevin (Last Name)	(First Name)	(Middle Name/Initial)
	,	•	
Amount of contribution \$ _	100	Office Candidate is	Seeking Senate
Full name of candidate:	Fuller Clark, Martha		
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is	Seeking Senate
If the contribution is an inactual cost of the in-kind center an estimated value ar	ontribution on the line above	description of the goods for amount of contribu	s or services provided, and enter t tion. If the actual cost is not know
Full name of candidate:			
	Kenney, Joe	(-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -	(5 (* 1 M. S.Y
	Kenney, Joe (Last Name)	(First Name)	(Middle Name/Initial) Seeking Executive Counc

I. Name of Lobbyist(s)	Robert E. Dunn, Jr.	& Teresa R. Ros	enberger
I. Name of lobbyist's p	artnership, firm or corpo	ration, if any:	
	Devine, Millimet & I	Branch PA	
(Name of p	partnership, firm or corporation)	514(10)1, 17	1.2. 1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
III. Name of Client	N/A		Date <u>April 25, 2018</u>
	bution that is reportable pur ving firm, indicate the follo		r 664 paid on behalf of the
Full name of candidate:	Birdsell, Regina (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$, , , , , , , , , , , , , , , , , , ,		
Amount of contribution 5	100	Office Candidate is S	Seeking Seriate
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	_Office Candidate is S	Seeking Senate
	ontribution on the line above		or services provided, and enter the on. If the actual cost is not known,
Full name of candidate:	Hennessey, Martha (Last Name)	(First Name)	(Middle Name/Initial)

I. Name of Lobbyist(s)	Robert E. Dunn,	Jr. & Teresa R. Ro	senberger
II. Name of lobbyist's p	artnership, firm or cor	poration, if any:	
•	•		
(Name of p	Devine, Millimet & partnership, firm or corporation)	k Branch, PA	1
III. Name of Client	N/A	1	Date April 25, 2018
			ter 664 paid on behalf of the
Full name of candidate:	Kahn, Jay (Last Name)	(First Name)	(Middle Name/Initial)
	,	•	
Amount of contribution \$	100	Office Candidate is	s Seeking <u>Senate</u>
enter an estimated value an			(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate is	Seeking
	ontribution on the line above		ds or services provided, and enter the ution. If the actual cost is not known.
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	(Lust Name)	Office Candidate is	,

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Signature of lobbyist)
Robert E. Dunn, Jr. (Print Name of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Devine, Millimet & Branch, PA
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Political Contributions
Date of Report (check one):
April 25, 2018 ☑ July 25, 2018 □ October 31, 2018 □ January 30, 2019 □
have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
X Addendum C(s).
hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. Signature of loobyist) (Date)
Teresa R. Rosenberger
Print Name of lobbyist)